



PROPERTY CLAIM FORM

Please complete this form and return to Sagar Insurances, Group First House, 12a Mead Way, Shuttleworth Mead Padiham, Burnley, BB12 7JU

T 01282 858250 : F 01282 858299: E claims@sagarinsurances.co.uk

Please note if you have suffered a theft, malicious damage or accidental loss the incident must be reported to the police as soon as possible. We ask you refer to your policy booklet and read carefully the conditions that apply to your claim

General Information

| Insured | | Contact details | |
|--------------------------------|--|------------------|--|
| Name | | Daytime phone no | |
| Address | | Mobile phone no | |
| | | | |
| | | | |
| Date of birth | | E mail address | |
| Occupation | | | |
| VAT Reg. No (if applicable) | | | |

| Insurance Details | |
|-------------------|--|
| Insurance Company | |
| Policy No | |

| Further Details | | | |
|--|-----------|--|----------|
| Does anyone else have a financial interest in the property (eg a mortgage) ? | | | |
| If yes, please give details | | | |
| Was property occupied at the time of the incident ? | | | |
| If No when was it last occupied | | | |
| Please give details of any claims previously made against a property insurer | | | |
| Please advise the current value of the insured | Buildings | | Contents |

| | | | | |
|----------|--|--|--|--|
| property | | | | |
|----------|--|--|--|--|

The Event

| | |
|---|--|
| Date and time loss or damage was discovered | |
|---|--|

How did the loss or damage occur? (please give full details)

| |
|--|
| |
|--|

In cases of theft, loss or malicious damage please state

| | | | |
|---------------------|--|-----------------|--|
| Date Police advised | | Name of station | |
|---------------------|--|-----------------|--|

| | | | |
|---------|--|--------------------|--|
| Officer | | Crime reference no | |
|---------|--|--------------------|--|

| | |
|--|--|
| Address at which loss occurred if different from above | |
|--|--|

| | |
|--|--|
| Name and address of person causing loss (if known) | |
|--|--|

| | |
|--|--|
| In cases of theft please give details how entry to premises was gained | |
|--|--|

Underground pipe / cable claims only

| | |
|---|----------|
| Does the damaged pipe/cable extend from the house to the public mains | Yes / No |
|---|----------|

| | |
|---|----------|
| If no, has the local authority accepted any responsibility? | Yes / No |
|---|----------|

| | |
|-----------------------------|--|
| If yes, please give details | |
|-----------------------------|--|

| | | | |
|---|--|---------------------|--|
| Length of pipe / cable to be renewed / repaired | | Age of pipe / cable | |
|---|--|---------------------|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

Buildings Claims – Please complete the following in respect of claims for damage to buildings

| Specify separately each building or room damaged or destroyed | Age of building or damaged item | Date last decorated | Amount of estimate |
|---|---------------------------------|---------------------|--------------------|
| | | | |
| | | Total | |

This section must be read carefully and signed by the insured or other authorised person

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by Insurers or the Appointed Adjusters.

Notice. Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Limited and the Motor Insurance Fraud and Theft Register run by the Association of British Insurers. The aim is to help Insurers prevent fraudulent claims.

Declaration
 I/ we declare the forgoing particulars to be correct according to my / our information and belief. I/we understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation in relation thereto.

Signature of policyholder / authorised person

Print name

Date